



# APPLICATION FOR COVERAGE SAND AND GRAVEL GENERAL PERMIT

For the Discharge of Process Water, Stormwater or  
Mine Dewatering Water Associated with Sand and Gravel Mining, Rock  
Quarries and Similar Mining Operations, Including Stockpiles of  
Mined Material, Concrete Batch Operations and Hot Mix Asphalt Operations  
(DO NOT USE FOR COVERAGE OF PORTABLE OPERATIONS)

WASHINGTON STATE USE ONLY:

Permit Number	Ecology Region <input type="checkbox"/> <input type="checkbox"/>	W.R.I.A.	Date Received	Coverage Date
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## I. PERMITTEE:

Business/Company Name	Person Name
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## II. RESPONSIBLE PARTY MAILING AND CONTACT INFORMATION:

Name (primary mailing address) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other	Name <input type="checkbox"/> Operator <input type="checkbox"/> Owner
Mailing Address	Mailing Address
City Zip + 4	City Zip + 4
Contact Person Phone No.	Contact Person Phone No.
UBI No.	UBI No.

## III. BILLING ADDRESS AND CONTACT INFORMATION:

Business/Company Name	Contact Person
Mailing Address	Phone No.
City Zip + 4	Site Identifier

## IV. FACILITY/SITE LOCATION INFORMATION:

Business/Company Name	Contact Person
Street Address	Phone No.
City	County
Legal description of site (use two of the following three):	
1. _____ 1/4 _____ 1/4; Section _____ Township _____ Range _____	
2. Latitude _____ Longitude _____ (Specify degrees, minutes, and seconds)	
3. <input type="checkbox"/> Map enclosed	

**IV. FACILITY/SITE LOCATION INFORMATION (continued):**

Directions to site from nearest Hwy or City/Town:

**V. APPLICATION TYPE:**

☐ **New Permit**

☐ **New facility**

☐ **Active Site**

☐ **Site Permit** (Important - see instructions)

**Or**

**Or**

☐ **Asphalt Batch**

☐ **Concrete Batch**

☐ **Existing Facility**

☐ **Inactive Site**

☐ **Rock Crusher**

☐ **Other** \_\_\_\_\_

☐ **Permit Modification** Permit Number WAG-50-\_\_\_\_\_ Reason for modification:

☐ **Permit Renewal** Permit Number WAG-50-\_\_\_\_\_

☐ **Site Permit -** ☐ **Asphalt Batch**

☐ **Concrete Batch**

☐ **Rock Crusher**

☐ **Other** \_\_\_\_\_

**VI. FACILITY INFORMATION: (IMPORTANT: this includes all activities, current and planned, at the site)**

*Industrial activities covered by this application at this site:*

- |   |   |  |   |
|---|---|--|---|
| 1. <input type="checkbox"/> Mining/Extraction | 5. <input type="checkbox"/> Concrete batch plant  | 7. <input type="checkbox"/> Truck washout          | 11. <input type="checkbox"/> Truck washing (exterior) |
| 2. <input type="checkbox"/> Crushing          | 6. <input type="checkbox"/> Hot mix asphalt plant | 8. <input type="checkbox"/> Stockpile              |   |
| 3. <input type="checkbox"/> Screening         | <input type="checkbox"/> Wet Scrubber             | 9. <input type="checkbox"/> Blasting               |   |
| 4. <input type="checkbox"/> Washing           | <input type="checkbox"/> Bag House                | 10. <input type="checkbox"/> Other (specify) _____ |   |

*SIC Codes for the industrial activities described above:*

- |  |  |  |   |   |
|--|--|--|---|---|
| 1. <input type="checkbox"/> 0811 _____ | 4. <input type="checkbox"/> 1423 _____ | 7. <input type="checkbox"/> 1446 _____ | 10. <input type="checkbox"/> 1499 _____ | 13. <input type="checkbox"/> 3273 _____ |
| 2. <input type="checkbox"/> 1411 _____ | 5. <input type="checkbox"/> 1429 _____ | 8. <input type="checkbox"/> 1455 _____ | 11. <input type="checkbox"/> 2411 _____ |   |
| 3. <input type="checkbox"/> 1422 _____ | 6. <input type="checkbox"/> 1442 _____ | 9. <input type="checkbox"/> 1459 _____ | 12. <input type="checkbox"/> 2951 _____ |   |

*All industrial activities included within these SIC Codes at new facilities and those permit modifications that add new activities must have a completed SEPA review to be considered a complete application.*

1. Has SEPA review been completed for all SIC Codes? ☐ YES ☐ NO Date \_\_\_\_\_
2. Lead agency issuing SEPA Determination: \_\_\_\_\_
3. SEPA Responsible Official: \_\_\_\_\_ Title: \_\_\_\_\_
4. Type of SEPA Determination: ☐ DNS ☐ DS ☐ Mitigated DNS

Is site within a *Critical Aquifer Recharge Area*? ☐ YES ☐ NO

Is site within a designated *Wellhead Protection Area*? ☐ YES ☐ NO

Is site within a *Sole Source Aquifer*? ☐ YES ☐ NO

**VII. REGULATORY STATUS:**

(check all that apply)

- |   |   |
|---|---|
| 1. <input type="checkbox"/> NPDES Permit No. _____                                    | 4. <input type="checkbox"/> City or County Permit No. _____             |
| 2. <input type="checkbox"/> State Waste Discharge Permit No. _____                    | 5. <input type="checkbox"/> Dept. of Natural Resources Permit No. _____ |
| 3. <input type="checkbox"/> Air Notice of Construction, Permit or Order, Agency _____ |   |

## VIII. WATER MANAGEMENT ON THIS SITE:

This permit is issued for discharges of stormwater, process water, or mine dewatering to ground water or surface water.

- ☐ There is **no discharge** of process water or mine dewatering water at this site. **All stormwater percolates directly to ground** and does not puddle or flow in a ditch to a collection basin, drywell, drainfield or infiltration pond. (Skip the rest of this section and go on to Section IX.)

### OR

1. **Accompanying this application, you must provide a sketch map of your site that identifies each point of discharge. Your monitoring plan and subsequent monitoring reports to Ecology must be based on the points of discharge shown on the map you send in.**
2. **If you discharge to a surface water body, you must also attach the following information:**
  - ◆ An estimate of the minimum width, depth and velocity or flow of the receiving water.
  - ◆ For stormwater discharges: an estimate of the width, depth and velocity or flow of discharge that will occur as a result of a 24 hour rain event greater than 0.5 inches.
  - ◆ For process water: an estimate of the maximum width, depth and velocity or flow of discharge that will occur.
3. **Identify the characteristics of each point of discharge below. Copy this page if necessary to identify additional discharge points.**

Is Monitoring Plan Complete and Up-to-Date? ☐ YES ☐ NO

For each discharge point listed below, mark all boxes that apply to the discharge during **any time** of the year.

**Discharge Point 1:** Name (unique identifier) \_\_\_\_\_

Discharge includes: ☐ **Process Water**

SIC Code(s) \_\_\_\_\_

☐ **Mine Dewatering Water**

SIC Code(s) \_\_\_\_\_

☐ **Stormwater**

Discharges to: ☐ **Storm Drain System** (stormwater only)

Name of system: \_\_\_\_\_

☐ **Ground**

☐ Unlined collection basin or infiltration pond

☐ Drywell or drainfield

☐ Other \_\_\_\_\_

☐ **Surface Water** (creek, river, ditch, lake, wetland, or other water body)

Name of receiving water: \_\_\_\_\_

Tributary to: \_\_\_\_\_

**Discharge Point 2:** Name (unique identifier) \_\_\_\_\_

Discharge includes: ☐ **Process Water**

SIC Code(s) \_\_\_\_\_

☐ **Mine Dewatering Water**

SIC Code(s) \_\_\_\_\_

☐ **Stormwater**

Discharges to: ☐ **Storm Drain System** (stormwater only)

Name of system: \_\_\_\_\_

☐ **Ground**

☐ Unlined collection basin or infiltration pond

☐ Drywell or drainfield

☐ Other \_\_\_\_\_

☐ **Surface Water** (creek, river, ditch, lake, wetland, or other water body)

Name of receiving water: \_\_\_\_\_

Tributary to: \_\_\_\_\_

**IX. BMPs EMPLOYED TO REDUCE POLLUTANTS IN STORMWATER OR PROCESS WATER DISCHARGES:**

Indicate with the following:

**S** for stormwater    **P** for process water    **B** for stormwater and process water

- a. \_\_\_\_ Oil/water separator      b. \_\_\_\_ Management BMPs      c. \_\_\_\_ Collection/routing of water  
 d. \_\_\_\_ Spill prevention      e. \_\_\_\_ Lined evaporation basins      f. \_\_\_\_ Water recycling  
 g. \_\_\_\_ Infiltration basins      h. \_\_\_\_ Vegetation management      i. \_\_\_\_ Containment  
 j. \_\_\_\_ Detention facilities      k. \_\_\_\_ Overhead coverage      l. \_\_\_\_ Chemical Additives (attach MSDS)  
 m. \_\_\_\_ Other (specify) \_\_\_\_\_

Is the Stormwater Pollution Prevention Plan Complete and Up-to-Date? ☐ YES ☐ NOIs the Erosion and Sediment Control Plan Complete and Up-to-Date? ☐ YES ☐ NOIs the Spill Plan Complete and Up-to-Date? ☐ YES ☐ NO**X. OPERATIONS AND PRODUCT(S) MINED OR PRODUCED EACH YEAR:**Does facility operate year round? ☐ YES ☐ NO

If no, indicate months of operation (circle all that apply): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Other periodic operation. Describe: \_\_\_\_\_

Indicate annual quantity of product produced using codes from the instructions for this section.

**MINED PRODUCTS****BATCH PLANTS**

- |  |                      |                          |
|--|----------------------|--------------------------|
| 1. Sand _____                                | 4. Quarry rock _____ | 6. Hot Mix Asphalt _____ |
| 2. Sand & Gravel _____                       | 5. Clay _____        | 7. Concrete _____        |
| 3. Other (specify material and amount) _____ |                      |                          |

**XI. CERTIFICATION BY PERMITTEE:**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Printed Name of Person Signing Below\_\_\_\_\_  
Title\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date Applicant Signed

**NOTE: Federal regulations require this application to be signed as follows: A.) For corporation, by a principal executive officer of at least the level of vice president; B.) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C.) For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.**

*If you require this document in an alternate format, please contact the Water Quality Program at 360-407-6401 (Voice) or 711 or 1-800-833-6388 (TTY).*